



**Updated December 2022
vaccination coverage
data for the Effects of
the COVID-19 Pandemic
on Routine Childhood
Vaccination Coverage
Report**



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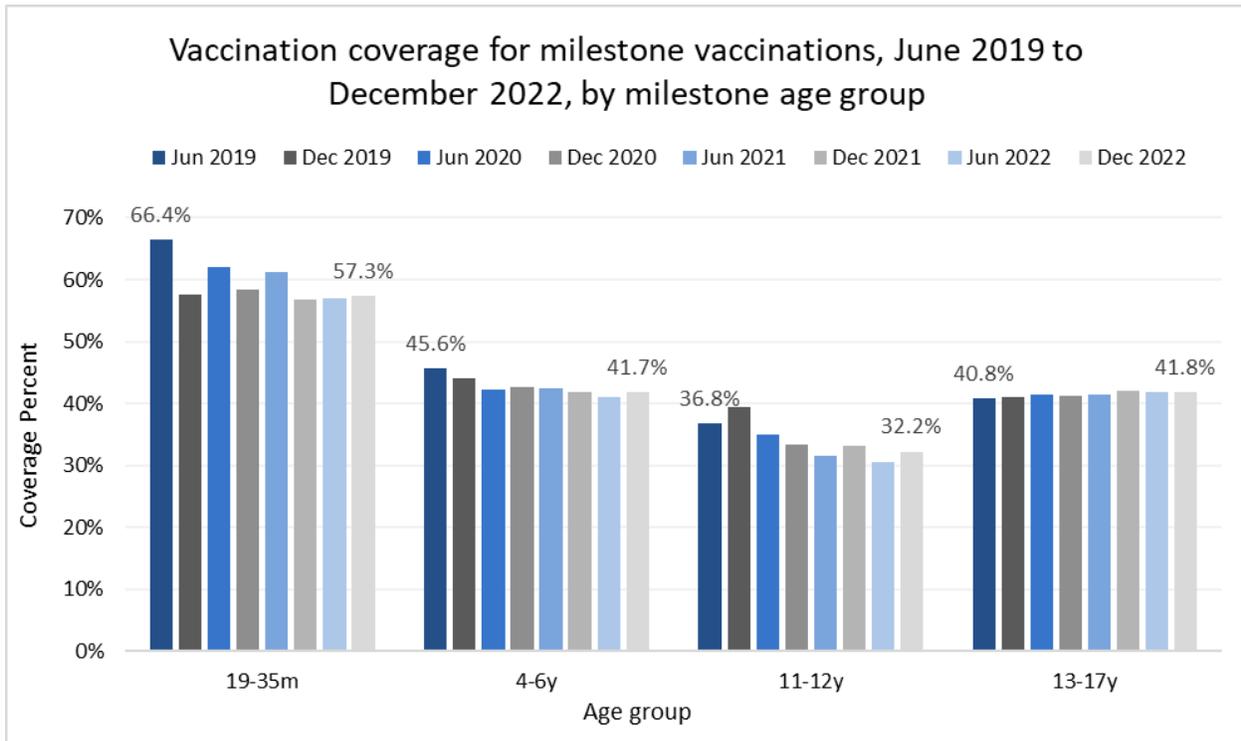
Secretary of Health

Executive Summary

The COVID-19 pandemic and the resulting disruptions in health care delivery, widespread lockdowns, and school closures starting in March 2020, resulted in delays to routine well child visits. The Washington State Department of Health Office of Immunization explored vaccine coverage for four age groups, to describe effects of these delays.

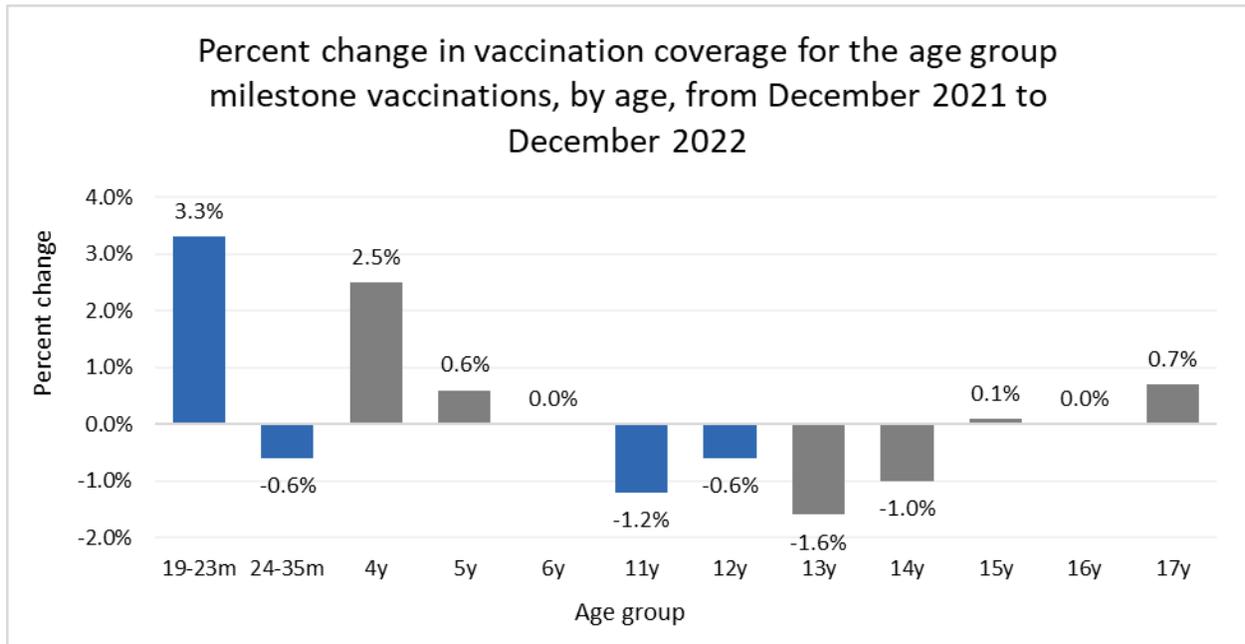
Overall Coverage

- In the past twelve months, December 2021 to December 2022, vaccination coverage slightly increased in the 19-35 month-olds (+0.5%, 56.8% to 57.3%), remained stable in the 4-6 year-olds (41.7%), and slightly declined in the 11-12 year-olds (-1.0%, 33.2% to 32.2%) and 13-17 year-olds (-0.3%, 42.1% to 41.8%). Efforts should focus on increasing coverage as Washington eases out of pandemic restrictions to increase rates back to pre-pandemic levels.
- Vaccination coverage remains below pre-pandemic (2019) levels for all 12 and under age groups: for 19-35 month-olds (-9.1%, 66.4% to 57.3%), 4-6 year-olds (-3.9%, 45.6% to 41.7%), and 11-12 year-olds (-4.6%, 36.8% to 32.2%). Efforts should focus on promoting routine vaccinations for all children and adolescents.
- Vaccination coverage for 13-17 year-olds slightly increased from pre-pandemic levels (+1.0%, 40.8% to 41.8%)



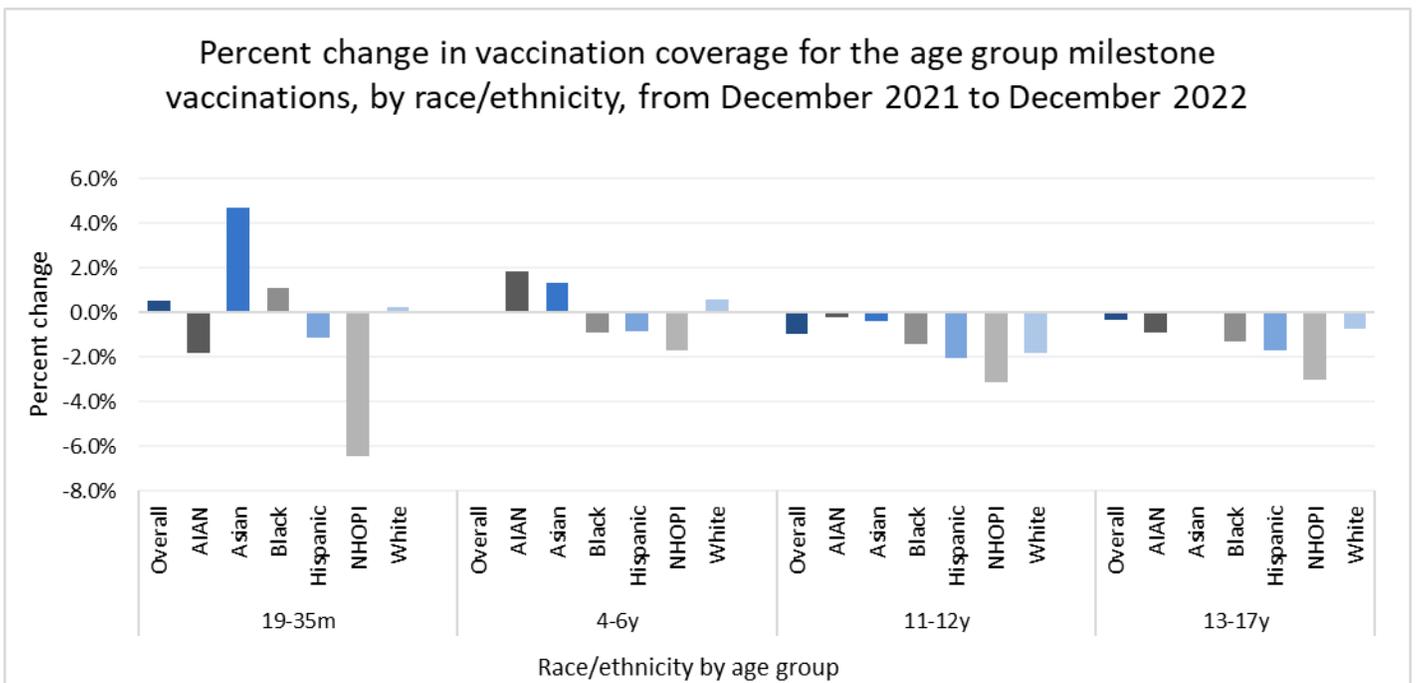
Vaccination Coverage by age

- Throughout the pandemic, effects on coverage varied by age group. Over the past twelve months, vaccination coverage remained within +/-1% in all age groups except those aged 19-23 months (+3.3%) and 4 years (+2.5%), which showed small increases, and those aged 11 years (-1.2%) and 13 years (-1.6%), which showed small decreases.



Vaccination Coverage by race/ethnicity*

- In the 19-35 month-old age group, the Asian population showed the greatest improvement in coverage from December 2021 to December 2022 (+4.7%), while the Native Hawaiian/Other Pacific Islanders (NHOPI) saw the steepest decline (-6.5%). Coverage in all other race/ethnicity categories remained relatively stable.
- Coverage varied slightly in the 4-6 year-old age group, with the American Indian/Alaskan Native population showing the greatest increase (+1.8%) and the NHOPI populations showing the greatest decline (-1.7%).
- Amongst the 11-12 year-olds, all population groups observed declines in coverage. The NHOPI population saw the largest decline (-3.1%).
- The 13-17 year-olds' coverage rates declined in all race/ethnicity population groups except for those who identify as Asian, which showed no change. Again we see the NHOPI population with the greatest decline in coverage (-3.0%) of all population groups.



Vaccination Coverage by county

- In the 19-35 month-old age group, vaccination coverage increased or saw no change in 24 counties and decreased in 15 counties. The greatest increase was seen in Wahkiakum county (+32.2%) and decrease in Ferry county (-7.9%).
- For the 4-6 year age group, increases were observed in 22 counties and decreases seen in 17 counties, however, all counties saw changes less than +/-5%. The largest increases were seen in Spokane and Wahkiakum counties (+2.9%) and the largest decrease was observed in Columbia county (-4.9%).
- The 11-12 year-olds saw an increases in vaccination coverage in 11 counties and decreases in 28 counties. Skamania county saw the largest increase (+5.6%) and Kittitas county observed the largest decrease (-6.0%).
- Coverage among 13-17 year-olds remained relatively stable in all counties (within +/-5%), with increases or no change observed in 10 counties and 29 counties recording slight decreases. Island county increased the most (+1.2%) and Columbia county decreased the most (-4.4%).

Percent change* in vaccination coverage from December 2021-2022, by age group and county:

*A change of +/-5% was used as a threshold.

County	19-35m	4-6y	11-12y	13-17y
ADAMS	0.5%	-1.3%	-0.2%	-0.8%
ASOTIN	0.1%	-0.6%	-0.6%	-1.8%
BENTON	-0.5%	0.1%	-0.7%	0.0%
CHELAN	-1.3%	0.6%	0.5%	-0.7%
CLALLAM	1.4%	-0.8%	0.7%	-1.3%
CLARK	-2.7%	-0.5%	-2.1%	-0.5%
COLUMBIA	0.4%	-4.9%	1.9%	-4.4%
COWLITZ	-3.5%	0.6%	-0.9%	-1.4%
DOUGLAS	0.0%	2.0%	-1.8%	0.7%
FERRY	-7.9%	1.2%	2.7%	-2.3%
FRANKLIN	-0.4%	0.7%	-2.3%	0.0%
GARFIELD	-2.3%	0.5%	-2.2%	-1.5%
GRANT	-0.9%	-1.2%	0.2%	-1.2%
GRAYS HARBOR	-0.1%	-0.2%	-2.6%	-1.6%
ISLAND	1.9%	1.4%	2.2%	1.2%
JEFFERSON	-2.9%	-2.6%	-3.3%	-2.4%
KING	0.9%	-0.6%	-1.1%	-0.1%
KITSAP	5.3%	-0.5%	-0.5%	-0.1%
KITTITAS	0.1%	-0.9%	-6.0%	-2.7%
KLICKITAT	0.3%	0.6%	2.5%	0.0%
LEWIS	1.4%	-0.3%	-2.5%	-0.6%
LINCOLN	-1.3%	0.1%	-5.9%	-1.6%
MASON	-6.7%	1.0%	-2.0%	-1.8%
OKANOGAN	0.8%	-0.2%	0.6%	-1.2%
PACIFIC	7.5%	-1.6%	-3.7%	-0.6%

PEND OREILLE	3.6%	2.0%	2.2%	1.1%
PIERCE	1.8%	-1.0%	-0.8%	-0.2%
SAN JUAN	1.6%	1.5%	-0.5%	0.0%
SKAGIT	0.3%	-0.1%	-1.6%	-0.7%
SKAMANIA	0.8%	2.8%	5.6%	0.8%
SNOHOMISH	1.1%	0.8%	-0.8%	-0.1%
SPOKANE	0.5%	2.9%	-1.2%	-0.3%
STEVENS	-2.8%	1.2%	-0.2%	0.1%
THURSTON	-0.7%	0.1%	-0.9%	-0.2%
WAHKIAKUM	32.2%	2.9%	-2.4%	-0.9%
WALLA WALLA	-2.1%	1.4%	-0.3%	-0.1%
WHATCOM	0.1%	0.9%	-2.9%	-0.4%
WHITMAN	0.6%	-0.7%	-0.1%	0.1%
YAKIMA	2.3%	1.0%	1.9%	-0.5%

***Notes**

The source for race/ethnicity data is the Washington Immunization Information System (WAIS), as reported by the vaccine provider. It is dependent on the provider having and reporting accurate demographic information on the individual. Race and ethnicity are required fields in the WAIS, but providers may report these as unknown. 6% of records are missing race/ethnicity information.

Race/ethnicity is classified following Office of Management and Budget (OMB) minimum categories for reporting and are consistent with Washington State Office of Financial Management (OFM) racial categories, with the exception of “Other” race. “Other” race is collected in WAIS but not reported by OFM. The “Other” race category is a national HL7 data exchange standard, a drop-down menu option in WAIS, and a requested category by CDC. Missing race/ethnicity data and the high proportion of individuals with race categorized as “Other” impacts our ability to make conclusions based on these data. We utilize this method to allow for comparability with other state reports, as well as across states and from federal entities. We understand there are limitations to this approach, specifically that it may undercount people who identify with multiple race/ethnicity classifications. We recognize there are other community informed processes to analyze and assign race/ethnicity categories, and we are exploring alternate ways of categorizing individuals for future analyses.

The Washington State Department of Health is committed to honoring Tribal and Indigenous data sovereignty in all of our data products. We understand current data collection and analytic practices are not always inclusive or the best representation for people of different racial and ethnic backgrounds, including American Indians and Alaska Natives. We are committed to working on improving data collection, management, and reporting with Tribes and community partners in the future. We continue to engage partners and work as an Agency to improve both our data systems to capture more accurate data, and our data analyses practices to be more representative and inclusive of all groups.

